PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003

Application or Docket Number

MLE-101US

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			47				ſ	RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			minus 20=		* 27			X\$ 9=	243	OR	X\$18=	
INDEPENDENT CLAIMS 5 m				nus 3 = * 2				X42=	84	OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=			+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2							I	TOTAL	702	OR	TOTAL	
	C	LAIMS AS A	TOTAL	700	OR		TUAN					
	·	(Column 1)	(Column 2) (Column				SMALL ENTITY			OR	OTHER THAN R SMALL ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIC PAID	BER DUSLY	. PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* 21	Minus	** (17	=		X\$ 9=	•	OR	X\$18=	
	Independent	NTATION OF MI	Minus	***	5	=		X42=		OR	X84=	
<u> </u>	THOT PRESE	INTATION OF MI	JUIPLE DEF	PENDENI	CLAIM			+140=		OR	+280=	
	•							TOTAL		OR	TOTAL ADDIT: FEE	
		(Column 1)		(Colur	mn 2)	(Column 3)	,	ADDIT. FEE	L	1	AUUII. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	,	RATE	ADDI- TIONAL FEE	avo	RATE	ADDI- TIONAL FEE
	Total	. 51	Minus	4	17	= 4/		25=	TONO	, OR	X818=	-
	Independent	. 6	Minus	*** 0	5	= '/	Ē	100	100,0	OR	200	,
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						F		<i>700</i>	Un		· ·
						-	L	+140=		OR	+280=	
3							Α	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1) CLAIMS	11 7	(Colur		(Column 3)	_					
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		3	ſ	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=	t	X42=			X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ł			OR		
• 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+280=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDI										OR	TOTAL ADDIT. FEE	
•	The "Highest Num	ber Previously Pai	d For" (Total or	Independe	ent) is the	highest number	four	nd in the app	ropriate, box	in col	umn 1.	
FORM	PTO-875 (Rev. 12	(02) "ILS GOV	ernment Printing O	Hino: 2002	409 270/004		Pata	nt and Tradem	orte Office (1)	e oco	107W51 # 05	COMMEDIE